



Highlights of Alaska's Hospital Discharge Data, 2001-2003

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Alice Rarig

Manager of the Hospital Discharge Data Program
Office of the Commissioner

Alaska Department of Health & Social Services

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Background

Alaska State Hospital and Nursing Home Association (ASHNHA) and the Alaska Department of Health & Social Services have a *Memorandum of Understanding* governing sharing of hospital discharge data, starting 2001, providing for data security and confidentiality, and assuring use for public health purposes

Fourth MOU just signed - to cover the 2004 data

2004 Data should be completed, edited, transmitted to DHSS before June 2005 (goal is to have completion closer to end of calendar year)



Who is participating?

Participating:

- 17 hospitals providing acute care
 - Five Critical Access Hospitals
 - Four acute care hospitals in Anchorage
 - Ketchikan and Petersburg began participation with 2003 data, Kodiak began with 2002 data
 - Washington State data on Alaskans is purchased

Not yet participating - hereby invited!

- 6 small Alaska Native Tribal hospitals
- API, Bassett Army Hospital



Coverage of the Data Set

- In 2001, coverage was about 83% of acute discharges --- estimated total 52,300
 - 9% of discharges for acute care were from small Tribally managed hospitals
 - 5% of discharges in 3 hospitals not yet participating
 - Bassett Army Hospital (estimated) 2%
- In 2003, with the 5% added, coverage was about 88%



Discharges Other Than Acute Med/Surg

- Five hospitals have reported psych unit discharges
- Four reported medical rehab discharges
- One reported "other inpatient" in 2001 but not in subsequent years (needs checking)
- WA discharges (Alaskans) include some psych and some medical rehab each year
- For most analysis we limit data to the acute medical/surgical units



Non-Newborn Discharges in Data Set by Year, by service type

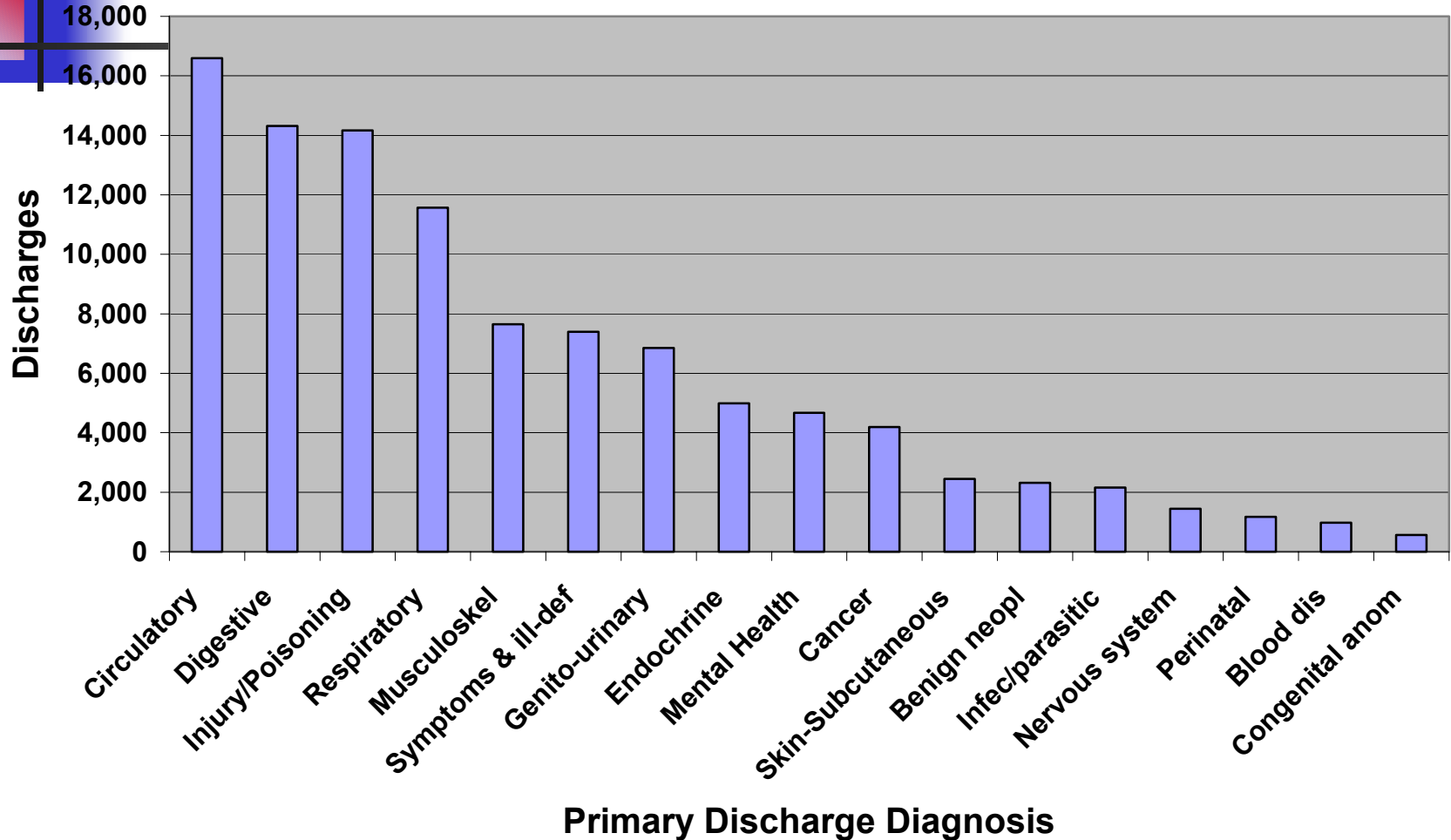
place	2001	2002	2003
acute med/surg	42,889	44,252	44,651
psych unit	1,981	1,712	939
medical rehab	593	478	451
other in- patient	482	2	1
Total	45,945	46,444	46,042



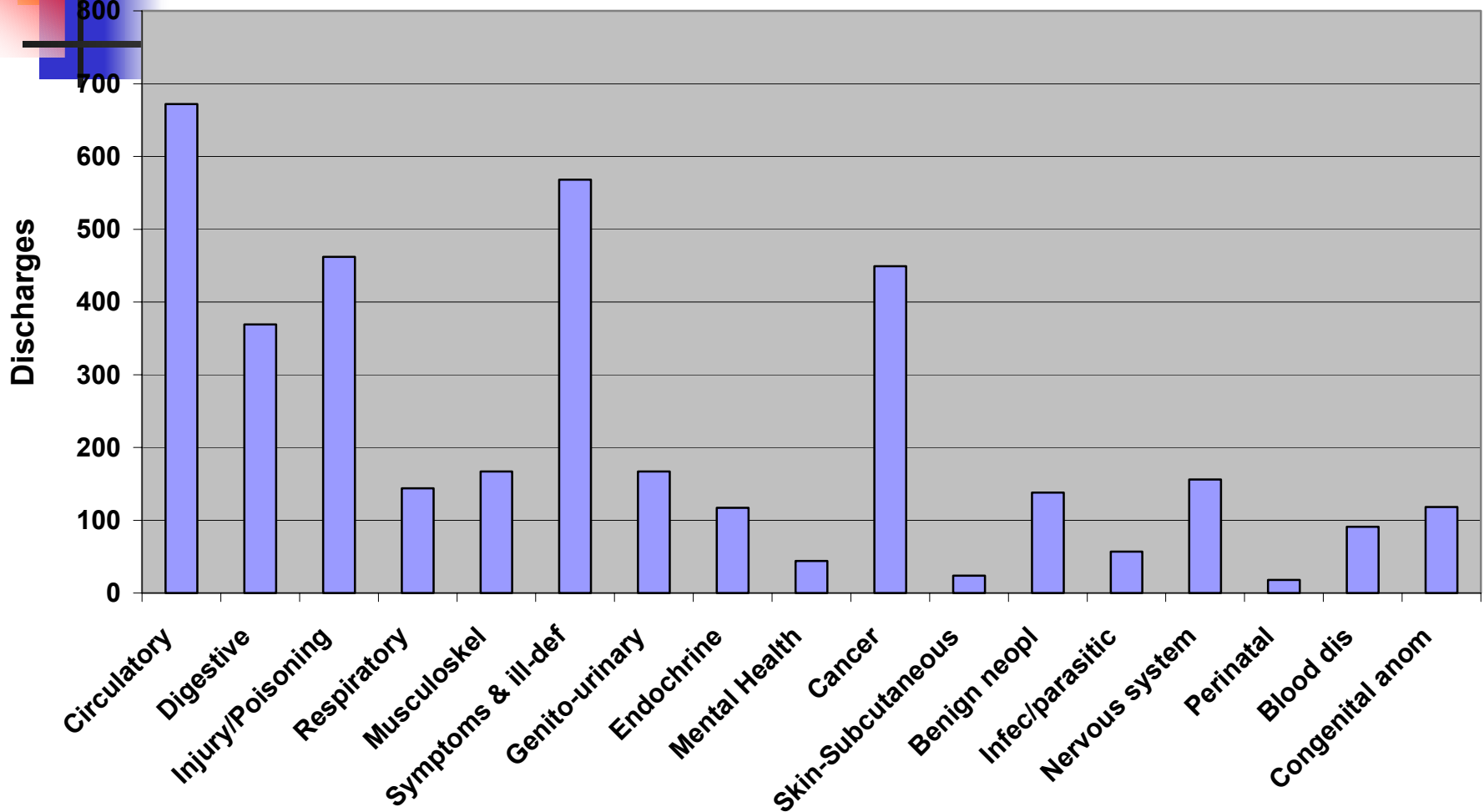
What are some of the findings?

- Length of stay
- Charges
- Pay sources
- Leading Causes
- Patient Characteristics
 - Race
 - Ethnicity
 - Age

Primary Diagnosis Group (Alaska Hospital Discharges) 2001-2003, excluding pregnancy/delivery & V-codes

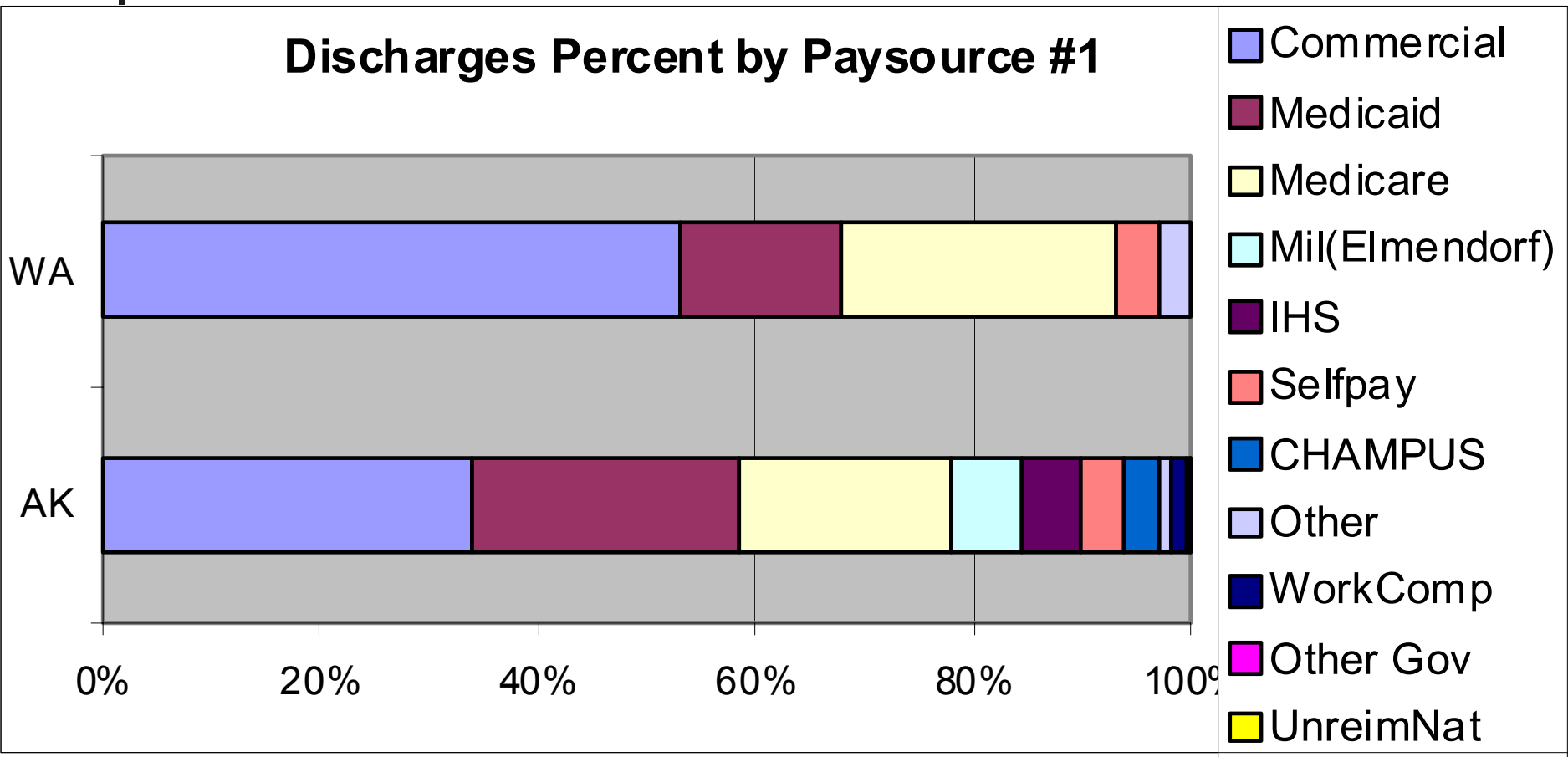


**Primary Diagnosis for Washington State
Discharges of Alaskans 2001-2003
(same order as AK Hospital Chart)**

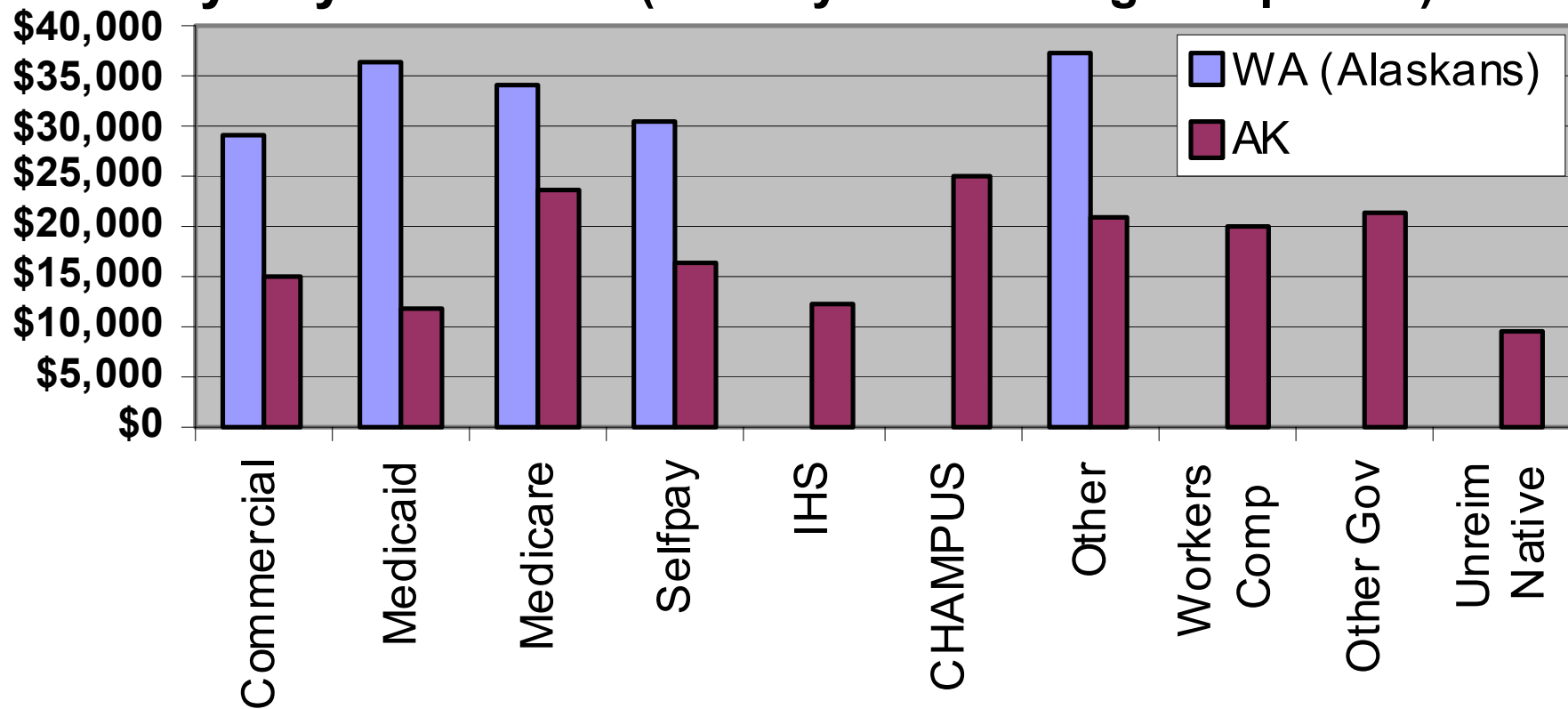


Preliminary Look at Discharges by Primary Pay Source, AK & WA Hospitals* (*Alaskans)

Discharges Percent by Paysource #1



Average Charges per Discharge by Pay Source #1 (for stays with charges reported)

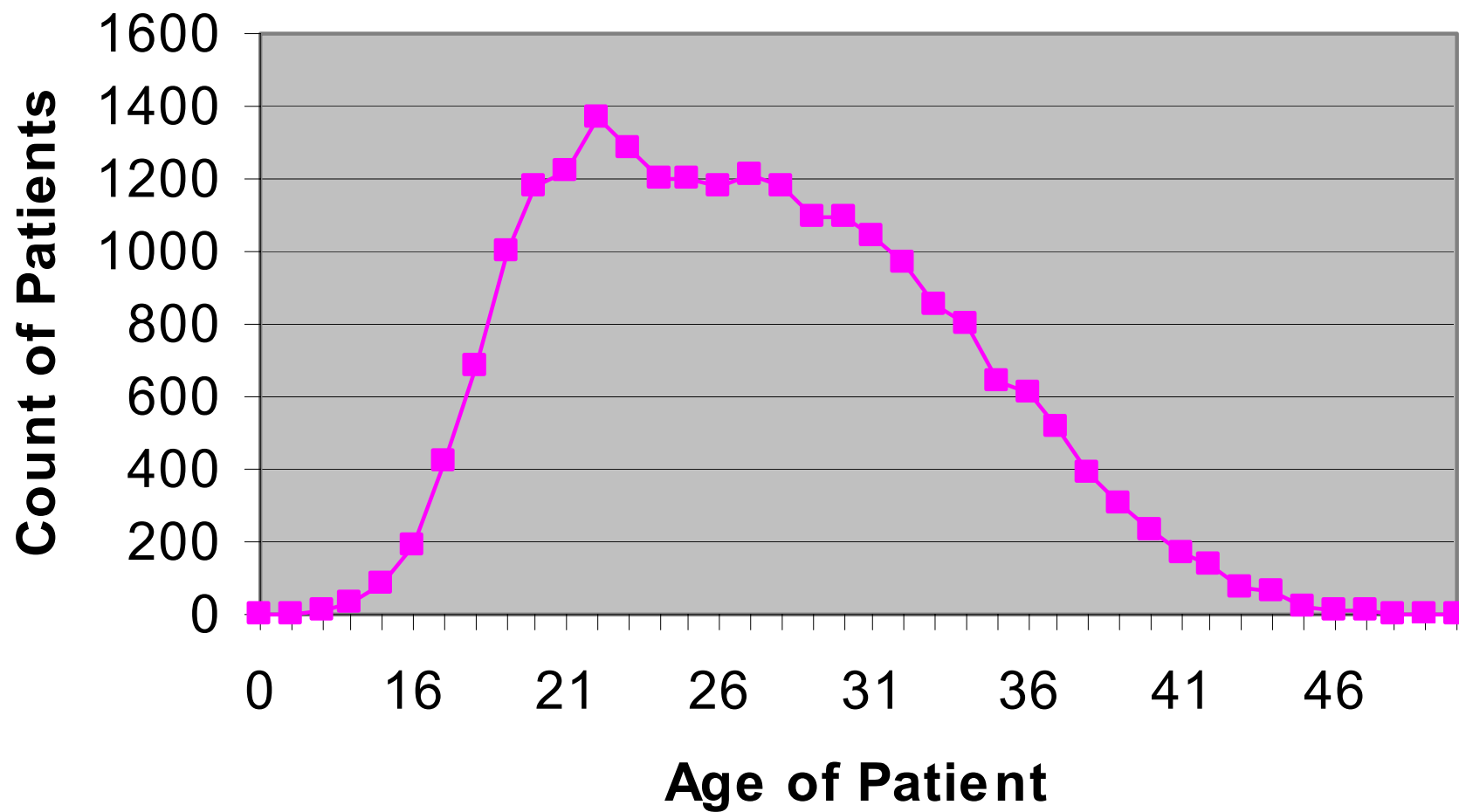




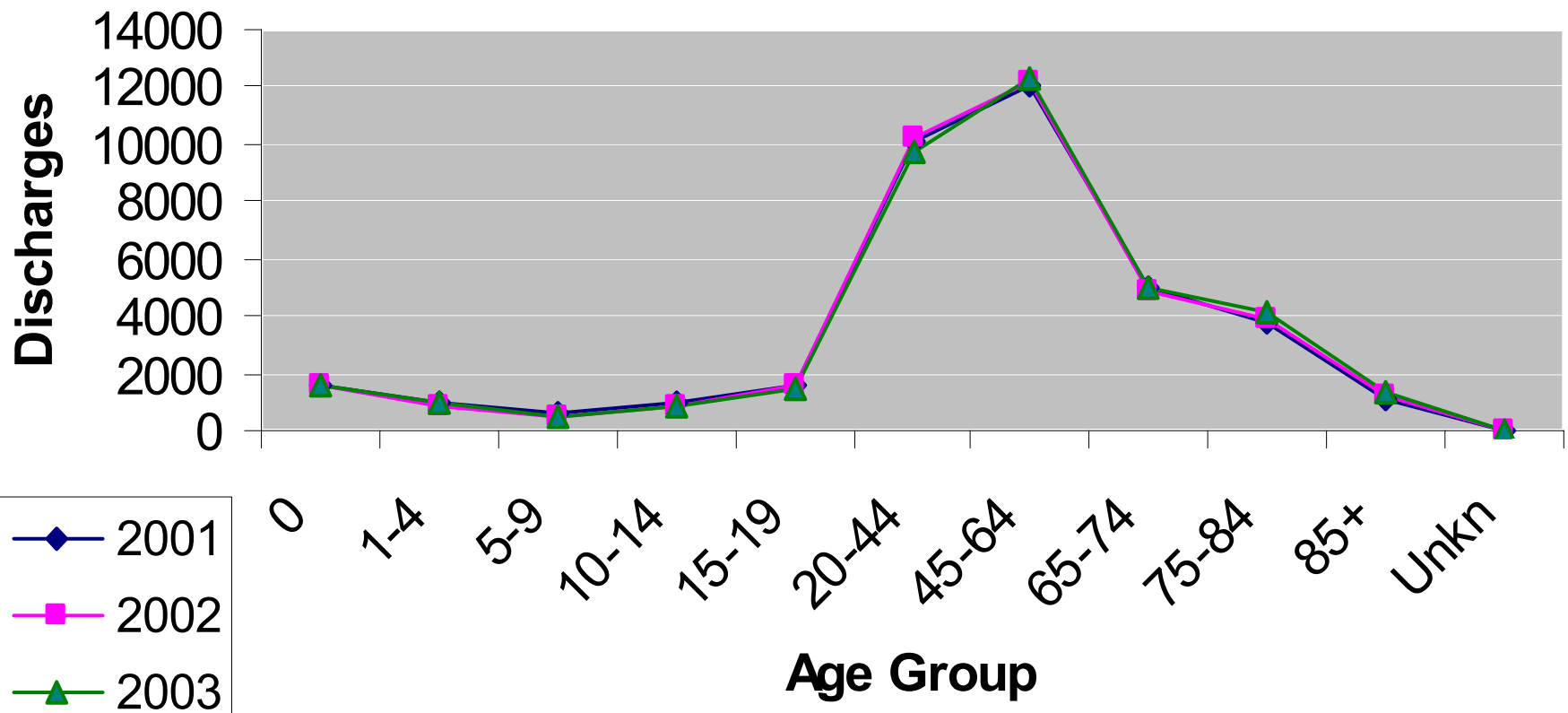
Observations about Alaskan's “out of state” discharges

- Cancer, injury and “symptoms and ill-defined conditions” are diagnostic groups accounting for a larger proportion of discharges in Washington State than in Alaska; heart disease (circulatory system) important both places
- Commercial insurance is primary pay source both in-state and in WA; Medicaid is second most common primary pay source in Alaska but Medicare is second most common for Alaskans in WA
- WA state admissions of Alaskans on average are twice as expensive as in-state admissions (may be due to complexity, length of stay, other reasons)

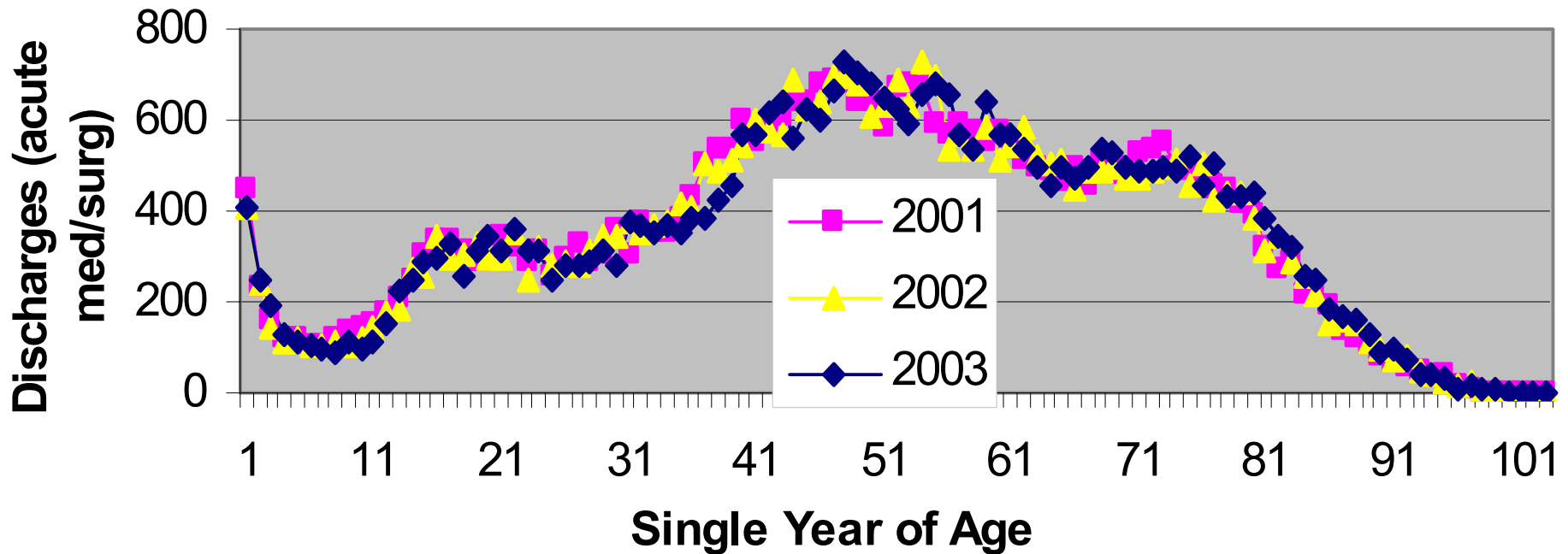
Age for "Deliveries" 2001-2003



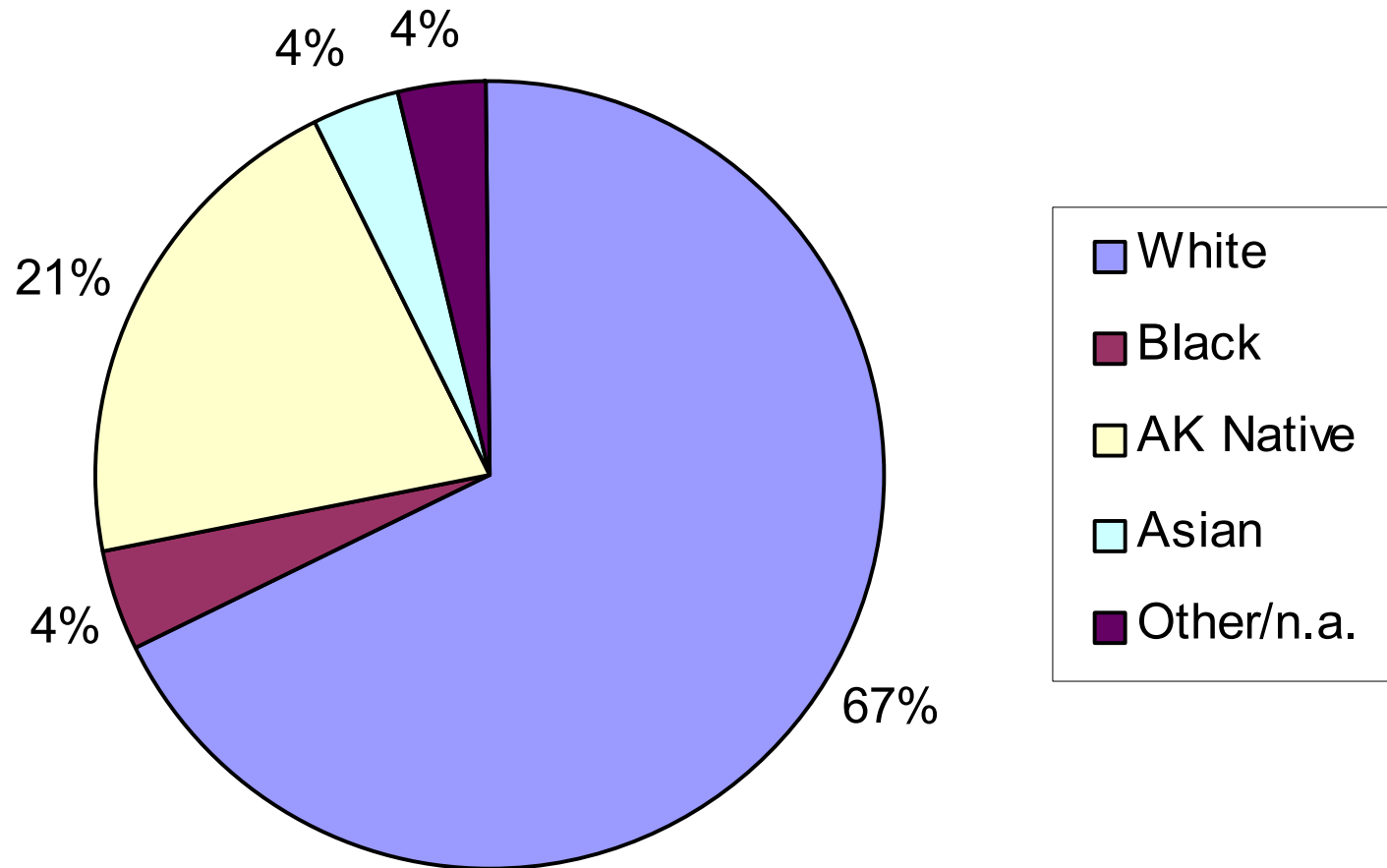
Age Group of Patients at Discharge by Year, for Diagnoses Not related to birth/delivery



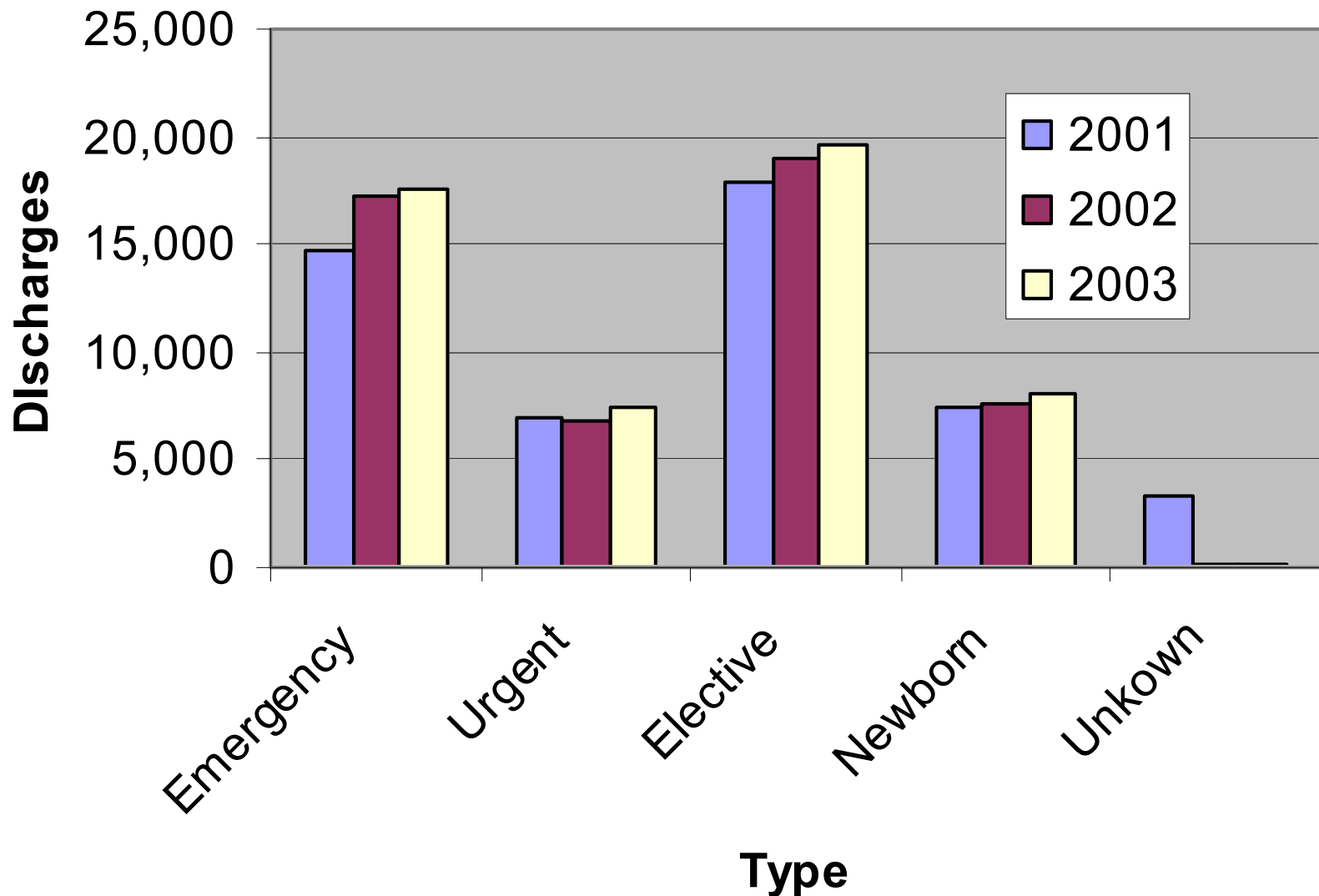
Age Distribution of Discharges (other than deliveries and infants)



Alaska Discharges by Race 2003



Admission Type by Year (Acute Med/Surg only)



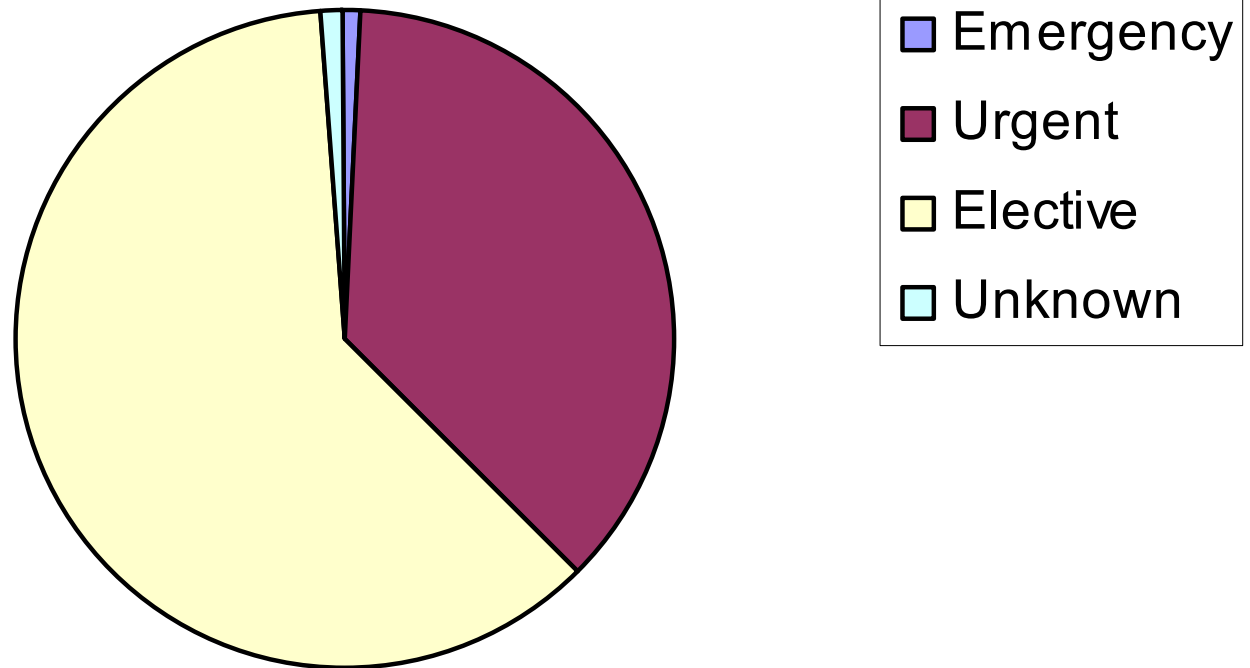



Admission Type

Type	Acute Med/Surg other than those admitted on birthdate	Admitted on Birth Date
Emergency	50,286	81
Urgent	21,675	225
Elective	58,693	484
"Newborn" on record	324	22,758
Unknown or other	3550	5

Deliveries by Admission Type

2001 - 2003, N=22,300





Borough/Census Area	Admissions	%
Anchorage	71,828	45.16
Fairbanks NSB	17,474	10.99
Mat-Su	16,842	10.59
Kenai-Pen	14,709	9.25
Juneau	7,374	4.64
Other State	4,905	3.08
Bethel	2,930	1.84
Kodiak	2,721	1.71
Valdez-Cordova	2,391	1.5
Yukon-Koyukuk	1,748	1.1
Ketch* (only 2003 for KGH)	1,727	1.09
North Slope B*	1,730	1.09
Nome*	1,611	1.01
Wade Hampton*	1,484	0.93

Sitka*	1,429	0.9
Wrang-Pet*	1,379	0.87
NW Arctic*	1,296	0.81
SE Fairbnks	1,279	0.8
Dillingham*	769	0.48
Pr of W.*	574	0.36
Aleut W.	519	0.33
Skagway-H-A	448	0.28
Denali	390	0.25
Haines	364	0.23
Lake & Pen	361	0.23
Aleut E.*	273	0.17
Bristol B*	233	0.15
Unknown	147	0.09
Yakutat	126	0.08
Total	159,061	100

*non-participating hospitals in area

Admissions by Census Area/Borough 2001-2003 for Participating Hospitals



“Assessment” and “Assurance”

Two of the Public Health Essential Services

“Safety Net” concept – assuring access to care, monitoring disparities, planning public health interventions to improve health status and health security

Indicators – of system performance, of population health, “unmet needs”



Public Health Information for Partners and for the Public

- Looking at how we are doing on the Healthy Alaskans 2010 indicators
- Using HDDS and other data (mortality, BRFSS and YRBS, demographics, reportable disease data, Medicaid data) to describe and analyze “burden” of disease on people and on the economy
- Making data more readily available to all



Materials Using HDDS to Date

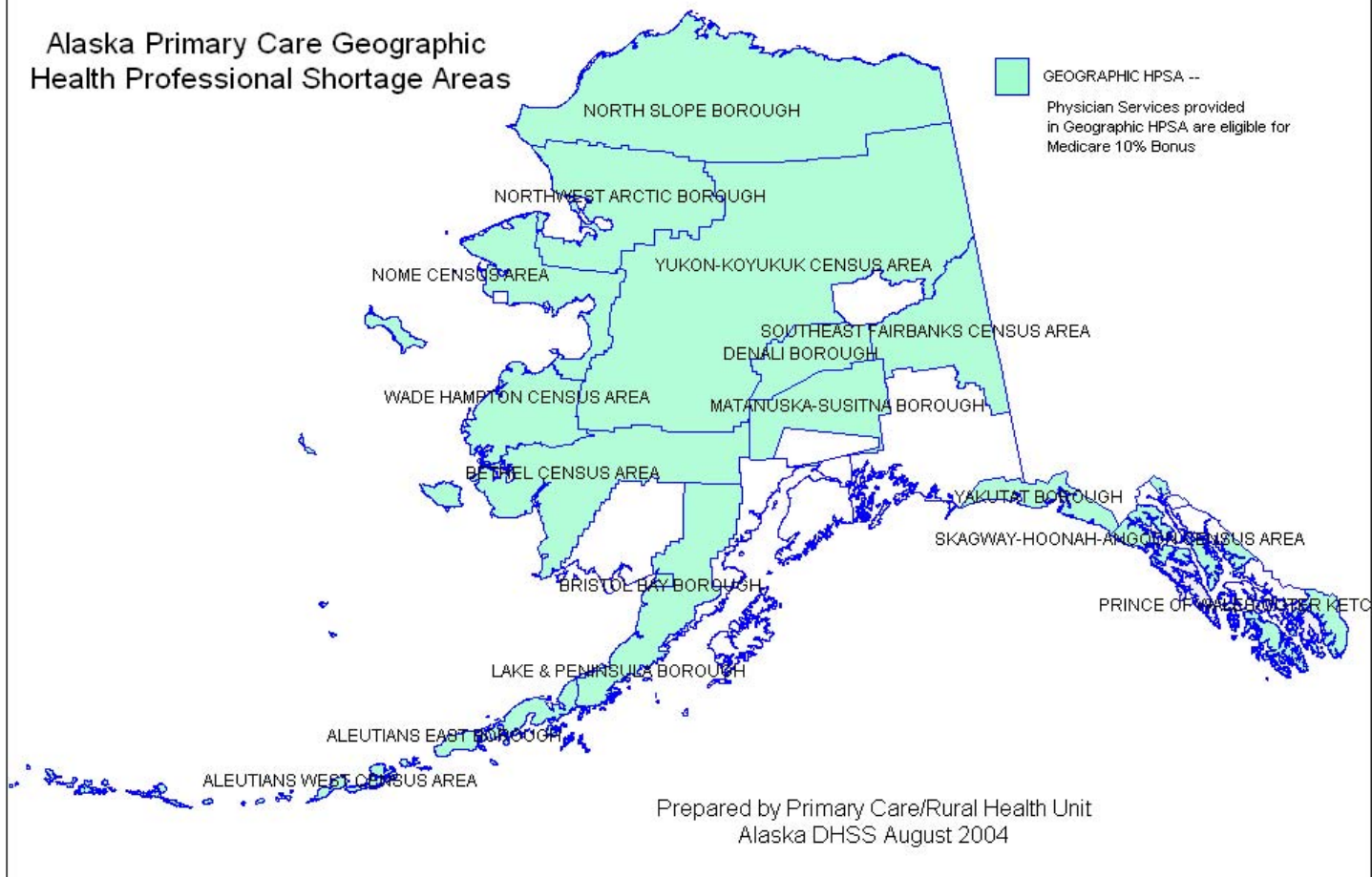
- "Tobacco in the Great Land"
- "Burden of Cardiovascular Disease in Alaska"
- Fact Sheets on Injury Disparities
- Diabetes Prevention and Control Program - doing in-depth analysis for burden paper
- Asthma Work Group using summary data
- Evaluation projects, Unmet Need analysis



Medically Underserved Areas

- Based on infant mortality rate, poverty rate, percent of population 65+, and ratio of primary care providers to population.
- MUA (or special population – such as low income population – MUP) designated or updated within three years is required for application for CHC funding
- MUA must be in place for a clinic in the area to be Medicare-approved as a Rural Health Clinic

Alaska Primary Care Geographic Health Professional Shortage Areas



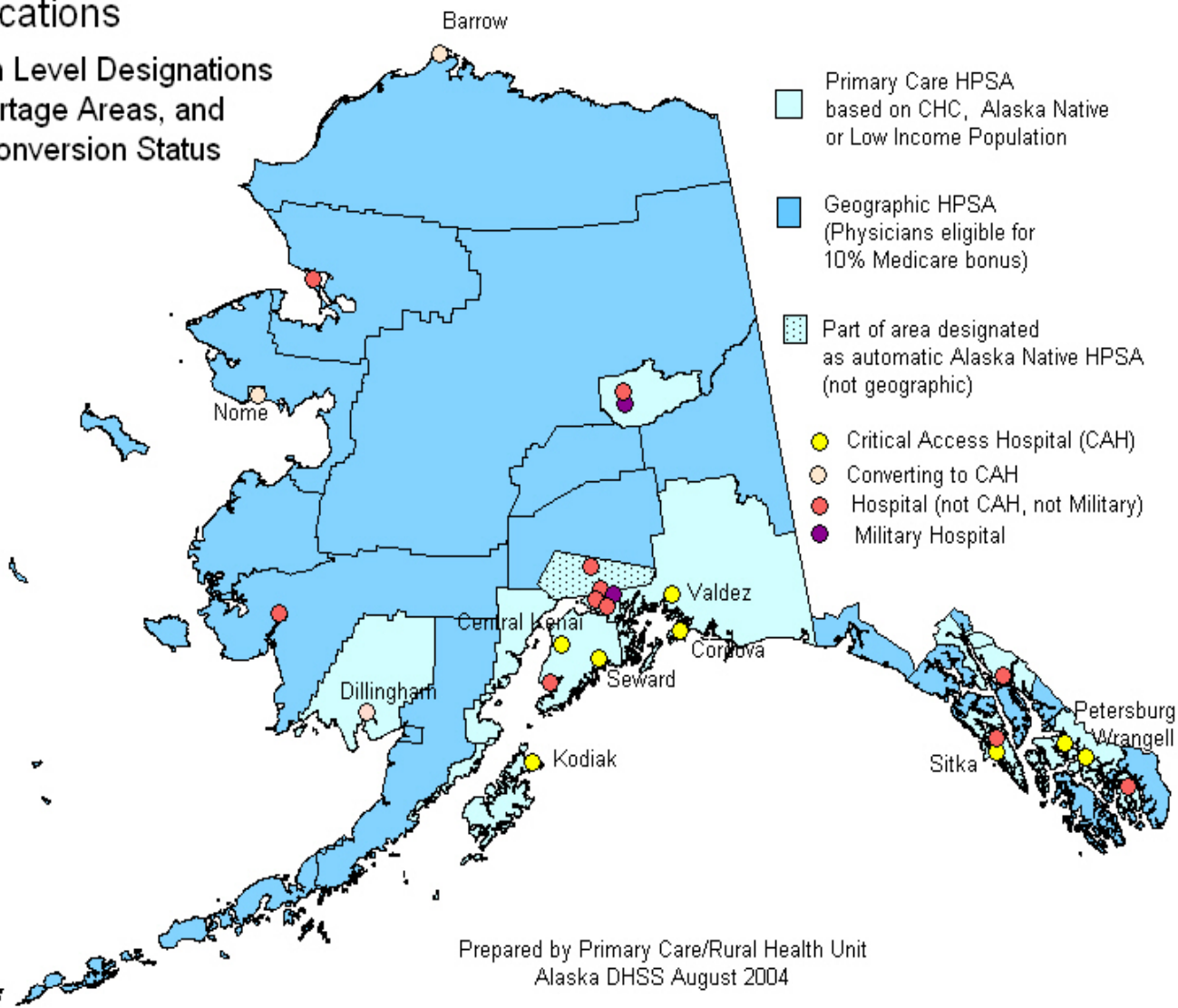
Health Professional Shortage Areas

Alaska Hospital Locations

with Census Area and Borough Level Designations
as Health Professional Shortage Areas, and
Critical Access Hospital Conversion Status

24 Hospitals:

- 8 CAHs
- 3 Converting to CAH
- 1 Eligible
- 2 Military
- 10 Others have more than 25 beds



Communities with Community Health Centers
(330 Clinics)
Alaska, July 2004



Source: State of Alaska, DHSS, Primary Care & Rural Health Unit, 07/19/2004



Ways to display HDDS data

- Maps
- Graphs
- Tables
- Comparisons between reasons for hospitalization, causes of death
- Where to publish? Web and hard copy?
 - Disease “burden papers”
 - Annual summary report
 - Fact sheets
 - Online query system -- with limits -- statewide data, HIPAA compliance rules to preclude very small numbers



Ways to analyze the data

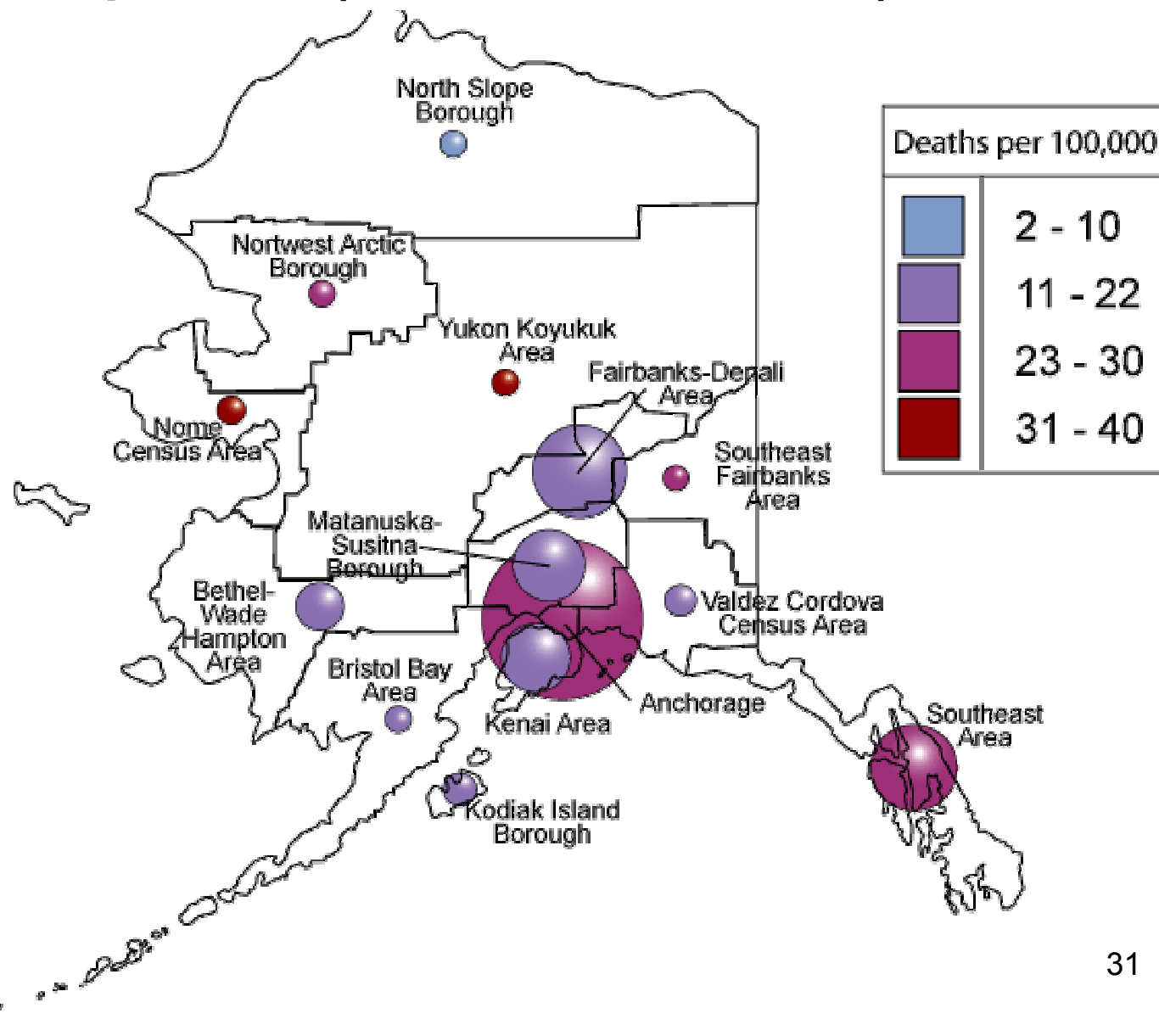
- Patient origin studies (can use regions or census areas and boroughs)
- Counts
- Rates
- Comparisons with national data
- Comparisons of small-medium-large hospitals
- AK vs. WA discharges
- Alaska residents vs. non-residents



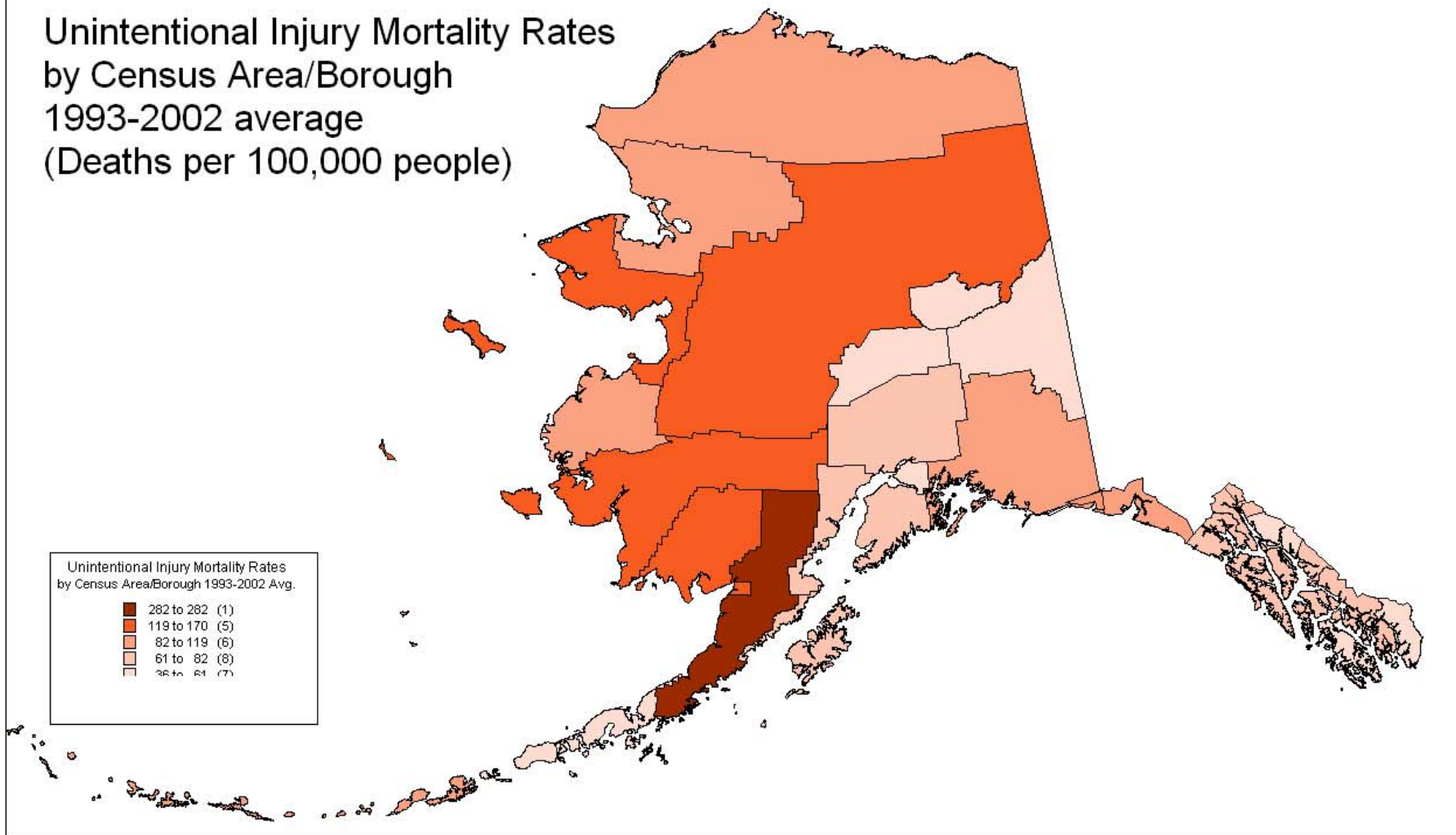
Mapping Examples from other work...next two slides

- Mortality rates and numbers indicated by circles related to census area/borough
 - Mortality rates by census area/borough using color ranges for illustration
- (data display methods can be used for hospitalization rates, overall or by cause; can also be used to contrast charges or length of stay variation related to remote residence)

Crude Death Rates for Stroke, Circles Proportional to Population (Alaskans, 1990-1999)



Unintentional Injury Mortality Rates
by Census Area/Borough
1993-2002 average
(Deaths per 100,000 people)



DHSS/Public Health Interests –



Health Status Assessment and Planning Data

- Data from Small Tribal Hospitals and from Bassett Army Hospital
- Emergency Department Data
- Outpatient Department Data
- Collaboration with hospitals on interpretation of the data/findings
- More trend analysis and cost/benefit assessment of potential impacts of preventive initiatives



Interests of Hospitals?

Data for Continuous Quality Improvement

- ability to compare hospitals of similar size to national or state norms
- can the HDDS provide data on GPRA or other performance measures?

Hospitals can get reports from HIDI, Inc. or in some cases from DHSS for own data

Other interests?



For more information and suggestions...

Call or email Alice Rarig, Health Planner
Manager of HDDS in the
Health Planning and Systems Development Unit
of the Commissioner's Office
(907) 465-1285

Alice_rarig@health.state.ak.us

See publications on www.hss.state.ak.us